Crime Victims Compensation Program
Department of Labor and Industries
PO Box 44520
Olympia WA 98504-4520

REQUEST FOR SURVIVOR COUNSELING BENEFITS

Please return this form to:

Note: For your convenience, this form may be folded so the address at left will show in a window envelope.

CRIME VICTIMS COMPENSATION PROGRAM
DEPARTMENT OF LABOR AND INDUSTRIES
PO BOX 44520
OLYMPIA WA 98504-4520

fold

The Crime Victims Compensation program provides survivor counseling benefits, after use of available insurance, for family members of a homicide victim. Family members include parents, spouses, children, siblings, grandparents and those members of the same household who have assumed the rights and duties associated with a family. Each family member applying for this benefit must complete the following form. Duplicates of this form may be made for multiple family members.

If you have other insurance available, your provider must bill that insurance first.

If you have any questions about these benefits, please call Crime Victims Compensation at 1-800-762-3716.

Homicide Victim's Name	Crime Victim Claim No.
Date of Homicide / /	
Applicant's Name	DOB / /
Address	
City State ZIP	Phone No. ( )
Relationship to deceased victim	
Do you have medical insurance? ☐ Yes ☐ No	If yes, name of insurance company
Counselor Name	Phone No. ( )
Counselor Address	
Date / /	**Applicant's Signature** *

* If the applicant is a minor, the parent or other legal custodyholder of the applicant may sign.